

# Decision Algorithm to Assist with Identifying Patients with Suspected Ebola Virus Disease (EVD)

(Version 4.3 11/18/14 – Please note this interim guidance is subject to change.)



- Residence in (or travel to) an area where EVD transmission is active (Guinea, Liberia, Mali, and Sierra Leone) within 3 weeks (21 days) before onset of symptoms **OR** has had direct contact with a known or suspected EVD patient.
- Outpatient facilities should determine the travel history and chief complaint of patients when appointments are made and refer them to a hospital if there are concerns about EVD.

**YES**

1. Isolate the patient in a single room with a private bathroom and with the door closed

## Presence of signs and symptoms of EVD

- **Fever** **OR**
- **Compatible EVD symptoms** (headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, hiccups, **or** hemorrhage).

**NO**

**EVD NOT SUSPECTED**  
**Evaluate for other conditions**

**Report**  
Asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the [health department](#)

**YES**

1. Implement standard, contact, droplet precautions, and ensure no exposed skin on health care providers
2. Notify personnel responsible for Infection Control Program and other appropriate staff

## Conduct Exposure Assessment

### HIGH-RISK EXPOSURE

- Percutaneous, mucous membrane exposure or direct contact with a confirmed or suspected EVD patient or their body fluids with or without appropriate use of personal protective equipment (PPE) **OR**
- Direct contact with human remains with or without appropriate PPE in the geographic area where an EVD outbreak is occurring **OR**
- Household members of an EVD patient **OR**
- Persons with close contact\* with EVD patients in health care facilities or community settings without PPE

**NO**

### LOW-RISK EXPOSURE

- Persons who had residence in (or travel to) Guinea, Liberia, Mali, or Sierra Leone **WITHOUT** high-risk exposures
- Persons in the same room with a symptomatic EVD patient\*\*
- Traveled on an aircraft with a symptomatic EVD patient
- Persons with direct unprotected contact with bats or primates from EVD-affected countries

**YES**

**Review Case with [County Health Department](#) including:**

- **Severity of illness**
- **Laboratory findings (e.g. CBC, platelet counts, liver enzymes)**
- **Alternative diagnoses (e.g. malaria)**

Insert County Health  
Department Contact  
Information

**EVD SUSPECTED – TESTING INDICATED**  
**Immediately report to your [County Health Department](#) or DOH Bureau of Epidemiology at 850-245-4401 to authorize testing.**

**See back for references and additional recommendations**

**Infection control recommendations:**

- Standard, contact, and droplet precautions and ensure no exposed skin on health care workers, including gloves, fluid-resistant gowns, eye protection, face mask with careful attention to donning and doffing of PPE followed by appropriate hand hygiene; additional PPE may be required including double gloving, disposable shoe covers and leg covers
- Single patient room with private bathroom, door closed; restrict visitors
- Avoid aerosol-generating procedures; utilize aerosol precautions if performed
- Implement environmental infection control measures

**Testing recommendations**

- Conduct only essential laboratory testing, and take appropriate precautions according to laboratory recommendations
- Include malaria diagnostics in initial testing as it is the most common cause of febrile illness in persons with travel history to affected countries
- Following consultation with DOH and approval for EVD testing, collect two 4 mL whole blood specimens in **plastic** purple top tubes; do not use pneumatic tube system for transport; contact DOH to determine the proper category for shipment
  - Negative results will be reported with the following comment "If fever or symptoms have been present for less than 72 hours, a repeat test may be required to rule out Ebola virus infection. If Lassa fever is a consideration (e.g. recent travel to a West Africa), please refer the a specimen to CDC for Lassa fever testing."

**\*Close contact is defined as:**

- being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time ( $\geq 15$  minutes) (e.g., health care personnel, household members) while wearing recommended personal protective equipment (i.e., standard, contact, and droplet, skin covering precautions)
- having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment
- Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.

**\*\*Persons not meeting close contact criteria\* but in the same room as a symptomatic EVD patient and there is reasonable belief that unrecognized exposure (direct contact with the patient or their bodily fluids) could have occurred.**

**References:**

Florida Department of Health guidance meets or surpasses recommendations provided by CDC and would take precedence in Florida.

**Florida DOH Website:** <http://www.floridahealth.gov/diseases-and-conditions/ebola/index.html>

**CDC Ebola Website:** <http://www.cdc.gov/vhf/ebola/hcp/index.html>